

Candidate Intention

Type or Print in Ink.

CANDIDATE INTENTION

Check One: ☒ Initial ☐ Amendment ☐ Termination

CALIFORNIA 1998 FORM 501

I Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)

ADDRESS (NO. AND STREET)

DAYTIME PHONE

CITY

STATE

ZIP CODE

FAX NUMBER

Office Use Only

II Office Sought

OFFICE SOUGHT (POSITION TITLE)

DISTRICT NUMBER

PARTY (If Applicable)

YEAR OF ELECTION

PUBLIC AGENCY NAME

TYPE OF ELECTION
(Check One if Applicable)

☐ Special

☐ Recall

JURISDICTION OF ELECTIVE OFFICE SOUGHT (Check One)

☐ State

☐ County of

☐ Multi-County

☐ City of

III Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

DATE

By

SIGNATURE OF CANDIDATE

FOR MORE INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL A ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

FPPC Form 501 (2/98)

For Technical Assistance: 916/322-5660

Campaign Bank Account

Type or Print in Ink.

CAMPAIGN BANK ACCT.

Check One: ☐ Initial ☐ Redesignate the Account for Future Election to the Same Office

☒ Amendment

☐ Termination (Note: In addition, file a Form 501 if you are no longer soliciting or receiving contributions.)

From Savings to Checking Acct.

CALIFORNIA 1998 FORM 502

Office Use Only

I Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)

ADDRESS (NO. AND STREET)

DAYTIME PHONE

CITY

STATE

ZIP CODE

FAX NUMBER

YEAR OF ELECTION

OFFICE SOUGHT AND AGENCY NAME

TYPE OF ELECTION
(Check One if Applicable)

☐ Special

☐ Recall

II Account Information

FINANCIAL INSTITUTION

ADDRESS (NO. AND STREET)

DAYTIME PHONE

CITY

STATE

ZIP CODE

ACCOUNT NUMBER

DATE OPENED (Month/Day/Year)

III Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

DATE

By

SIGNATURE OF CANDIDATE

FOR MORE INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL A ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

FPPC Form 502 (2/98)

For Technical Assistance: 916/322-5660

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orig mailed on 10/7/98

Candidate Intention

Type or Print in Ink.

CANDIDATE INTENTION

Check One: ☐ Initial ☐ Amendment ☐ Termination

CALIFORNIA 1998 FORM **501**

I Candidate Information				Office Use Only
FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)				
ADDRESS (NO. AND STREET)		DAYTIME PHONE		
CITY	STATE	ZIP CODE	FAX NUMBER	

II Office Sought		DISTRICT NUMBER	PARTY (If Applicable)	YEAR OF ELECTION
OFFICE SOUGHT (POSITION TITLE)				
PUBLIC AGENCY NAME		TYPE OF ELECTION (Check One if Applicable) <input type="checkbox"/> Special <input type="checkbox"/> Recall		
JURISDICTION OF ELECTIVE OFFICE SOUGHT (Check One)				
<input type="checkbox"/> State		<input type="checkbox"/> County of _____		
<input type="checkbox"/> Multi-County		<input type="checkbox"/> City of _____		

III Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ DATE By _____ SIGNATURE OF CANDIDATE

FOR MORE INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL A ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

FPPC Form 501 (2/98)

For Technical Assistance: 916/322-5660

Campaign Bank Account

Type or Print in Ink.

CAMPAIGN BANK ACCT.

Check One: ☐ Initial ☐ Redesignate the Account for Future Election to the Same Office ☐ Amendment ☐ Termination (Note: In addition, file a Form 501 if you are no longer soliciting or receiving contributions.)

CALIFORNIA 1998 FORM **502**

I Candidate Information				Office Use Only
FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)				
ADDRESS (NO. AND STREET)		DAYTIME PHONE		
CITY	STATE	ZIP CODE	FAX NUMBER	
OFFICE SOUGHT AND AGENCY NAME				YEAR OF ELECTION
City Council, member				TYPE OF ELECTION (Check One if Applicable) <input type="checkbox"/> Special <input type="checkbox"/> Recall

II Account Information		ACCOUNT NUMBER
FINANCIAL INSTITUTION		
Bank of the West		171257058
ADDRESS (NO. AND STREET)		DATE OPENED (Month/Day/Year)
229 S. Church St.		8/3/98
CITY	STATE	ZIP CODE
Lodi	CA	95240

III Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8-3-98 DATE By [Signature] SIGNATURE OF CANDIDATE

FOR MORE INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL A ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

FPPC Form 502 (2/98)

For Technical Assistance: 916/322-5660

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orig mailed on 8/6/98

Candidate Intention

Type or Print in Ink.

CANDIDATE INTENTION

Check One: ☒ Initial ☐ Amendment ☐ Termination

CALIFORNIA 1998 FORM 501

I Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)

~~Lea, Jane, Ann~~ Lea, Jane, Ann

ADDRESS (NO. AND STREET)

1931 Holly Dr.

DAYTIME PHONE

(209) 367-0377

CITY

Lodi, Ca

STATE ZIP CODE

95242

FAX NUMBER

Office Use Only

II Office Sought

OFFICE SOUGHT (POSITION TITLE)

member, City Council

DISTRICT NUMBER

PARTY (If Applicable)

YEAR OF ELECTION

1998

PUBLIC AGENCY NAME

City of Lodi

TYPE OF ELECTION

(Check One if Applicable)

☐ Special

☐ Recall

JURISDICTION OF ELECTIVE OFFICE SOUGHT (Check One)

☐ State

☐ County of

☐ Multi-County

☒ City of

Lodi

III Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08-01-98

DATE

BT

SIGNATURE OF CANDIDATE

FOR MORE INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL A ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

FPPC Form 501 (2/98)

For Technical Assistance: 916/322-5660

orig. mailed on 8/3/98